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## MATERNAL AND CHILD HEALTH SURVEYS IN TWO CALIFORNIA COMMUNITIES

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The following is a description of two surveys conducted in two communities of the northeast district of the City of Los Angeles Health Department. They represent an attempt to (1) determine the extent of the lack of prenatal care, and the reasons why certain mothers either do not seek or obtain adequate medical supervision during pregnancy; and (2) evaluate the immunization status of the community's pre-school-age population.

The two northeast communities in which these surveys were conducted, Boyle Heights (population 68,000) and Lincoln Heights (population 32,000), represent the areas of greatest social, economic, and public health need in the district.

In recent years the population of these communities has changed from a fairly stable one to a highly mobile one, due to freeway construction, increasing inroads of industry, and movement of older families from this metropolitan area to suburbs. However, this portion of the city has always been considered as a portal of entry for newcomers from Mexico, and in it reside more persons with roots in Mexico than in any other city along the border.

Newcomers are frequently unaware of health resources and differing health practices. For this reason, it was felt that a maternal and child health survey might not only serve to obtain information, but could also be used to disseminate information about those community health resources providing health supervision and protec-

tive services to infants and pre-schoolers.

### THE BOYLE HEIGHTS SURVEY

The maternal and child health survey in the Boyle Heights community was done by a group known as the Eastside Community Health Council, comprised of people working and living in the area and interested in improving the health of their community. This group looks to the Northeast District Health Officer and her staff for guidance and consultation in developing and carrying out community health projects.

When the possibility of a community health survey pointing up maternal and child health was recommended to the council, no real manifestation of interest was shown. A study of the local statistics pinpointed the need for such a survey more sharply, and acceptance by the council was then forthcoming.

An analysis of the statistics revealed that one-third of the prenatals and one-half of the newborn were under health department supervision. However, the question remained, "What about the rest? Could clues be obtained concerning the extent to which their health needs were being met, and the reasons why certain mothers do not seek or obtain adequate care for themselves or their children?"

After considerable deliberation a maternal and child health committee was formed, a target date of March, 1956, was set, and a fact sheet and volunteer kit developed.

Represented in the planning, interviewing, and tabulating were residents of local public housing projects, student nurses from White Memorial Hospital School of Nurses, staff from Plaza Community Center, students from East Los Angeles Junior College, volunteers from Hollenbeck Social Center and Eastside Jewish Community Center, and members of the Community Service Organization.

The primary objective of the Boyle Heights survey was to obtain information concerning; (1) extent of immunization and well-baby supervision in the one-year-old group; (2) medical and public health services to expectant mothers and infants; and (3) extent of community knowledge of need for and availability of preventive services for expectant mothers and infants.

### Method and Procedure

Through the use of birth certificates a statistically valid sample was selected which included all live births occurring in Boyle Heights during a three-consecutive-month period of the previous year. These were arranged by census tract and were selected on the basis that the first birthday represents a transitional period from infant to preschool care, and is an appropriate time for checkup. Public health teaching also stresses the need for protection through immunization and vaccination by this time. When a child is one year old, the mother can still recall details of the pregnancy.

The survey was carried out by fact-finding interview. Trained volunteer

interviewers called upon approximately 600 Boyle Heights families whose babies were born during the months of February, March, and April of 1955.

Data was gathered by means of a health questionnaire compiled by the health council in co-operation with the northeast district staff of the city health department and local practicing physician-consultants. Co-ordination of the planning, publicity, orientation, interviewing, and tabulation phases was the responsibility of the district health educator.

#### Findings

Of the 662 families to whom children were born one year prior to the study, only 232 were actually contacted due to excessive mobility in the area. Of these 66 percent were familiar with local maternal health and 33 percent were not. Eighty-seven percent of the mothers had received prenatal care during this pregnancy, while 11 percent had not. Of those receiving care 40 percent visited a private physician, 20 percent had part-pay care, 21 percent were health department patients and the rest did not state. Most of those who had no prenatal care gave not knowing of its availability or the need for it as the reasons.

Medical supervision was initiated in the first trimester in 60 percent of the cases, in the second trimester in 31 percent, and in the third trimester in 9 percent. Ten percent of the mothers reported one to three visits during their pregnancy, 45 percent made four to eight visits, and 33 percent made nine visits.

Dental care was received by 32 percent during this pregnancy, while 63 percent had no such care. Chest X-rays were obtained by 59 percent, while 36 percent had no such service during pregnancy. Dietary instructions were received by 66 percent, while the remainder had none.

Post partum care was utilized by 85 percent, while 11 percent had no checkup. This care was secured privately by 39 percent, in the hospital by 25 percent, and from the health department by 12 percent of the mothers interviewed.

By applying survey findings to the total one-year-old population in Boyle Heights, estimated at 2,600, 78 percent are at least partially protected

by immunization against diphtheria, whooping cough, and tetanus, while 22 percent have received no protection. Of those immunized, 26 percent received the three recommended doses, while another 26 percent received one or two doses, and the remainder did not state. Sixty-four percent of Boyle Heights year-old children have been vaccinated against smallpox. Under regular health supervision are 64 percent of the total, with the majority making two to five visits during this first year. Nine percent are without any health supervision.

Approximately 35 percent of the families interviewed obtain immunization and vaccination services from their family doctor, while 42 percent utilize the health department well-baby clinics, and the remaining 23 percent attend hospital clinics (part-pay). Sixty-eight percent of the families were familiar with the services and location of our well-baby clinics.

Probable reasons for not seeking the vital and necessary protection against the common childhood diseases were indicated to be chiefly lack of information concerning, first, the real need for these services, and second, their availability. A total of 37 percent of those not seeking care listed the above reasons, while answers expressing indifference, fear on the part of the parents, transportation problems, and inability to pay were given in relatively few instances.

Regarding the problem of illness, when asked what was considered to be the family's most serious health problem, 41 percent stressed respiratory diseases (survey made in early spring), and 40 percent felt they had no serious health problems. By one year of age 34 percent of the children had suffered some illness requiring medical care. Respiratory disease accounted for 40 percent of these and accidents for 11 percent. In 15 percent of these cases the illness was sufficiently serious to require hospitalization, for which Los Angeles County General Hospital was utilized in 30 percent and a private hospital in 19 percent of the cases.

Of those interviewed, 50 percent reported that the family carried health insurance. This had been used for maternity or infant care, and found to be adequate in 57 percent of the cases.

Fifteen of the 232 families had resided in Boyle Heights less than one year; 110, or the majority, one to five years, while 25 stated they had been there over 25 years.

#### THE LINCOLN HEIGHTS SURVEY

The Lincoln Heights Survey, done during the latter part of 1956, was an outgrowth of the field training experience assigned to a health education trainee from the University of California School of Public Health working in the Northeast District.

Under the supervision of the district health educator, this graduate student was given the responsibility for organizing a Lincoln Heights Health Council around some health project of local interest and significance.

Accordingly, community leaders, P. T. A. representatives, and professional people from voluntary and official agencies were invited to a meeting at which their assistance was asked in obtaining from Lincoln Heights families with children two to five years of age information concerning protection against communicable diseases, knowledge about community health facilities, and general family health problems. This request met with an affirmative response, and the newly formed Lincoln Heights Child Health Survey Committee began planning toward an August, 1956, target date for door-to-door canvassing.

Community organization, publicity, preparation of fact sheets and volunteer kits got under way, while residents and workers volunteered their services for the consultative, interviewing, or tabulation aspects of the survey. Benefiting from the Boyle Heights experience, it was decided to simplify the questionnaire and intensify the orientation sessions for interviewers.

The objective of the Lincoln Heights Survey was threefold: (1) to focus community attention on the health needs of the preschooler; (2) to obtain facts needed to improve child health education and services in the community; and (3) to interest individuals and groups in working with the health department and other agencies toward better community health.

The survey was carried out by volunteers calling on 275 families with

children between the ages of two and five, and living within the boundaries of two census tracts. With an assignment of one or two square blocks, the sampling method required one interviewer to visit 15 out of 100 households. Data was gathered by means of a health questionnaire developed by the survey committee, the health department, and local physicians.

Eighty-two percent of the preschoolers were found to be protected against diphtheria, whooping cough, and tetanus; 14.5 percent had no such protection. Of those immunized, 56 percent maintained the necessary level of protection by means of booster shots. Seventy-one percent had been vaccinated against smallpox and 48 percent had received polio injections (just becoming available to preschoolers).

Approximately 27 percent of the families interviewed obtained these preventive services from their family doctor, while 58 percent utilized the local health department well-baby clinics, and the remaining 15 percent attended hospital clinics (part pay).

Sixty-nine percent of the families interviewed knew about the services of the well-baby clinics, and 70 percent indicated that they knew how to find a family physician. When asked what was considered to be their most serious health problem, 50 percent stressed colds; 38 percent felt they had no serious health problems.

Probable reasons for failure to protect preschoolers against the common childhood diseases were indicated to be lack of information regarding the real need for this protective service, feelings based on fear, and lack of motivation in the parents.

Thirteen percent of the interviewees had resided in the area less than one year; 60 percent claimed residence from one to ten years, and 22 percent from 10 to 30 years, indicating the stability of this population group.

#### CONCLUSIONS

The Boyle Heights survey was instrumental in pointing up the relative accessibility and adequacy of services available, the problem of unsought care, the mobility of that community population, the increase in newcomers, and the high rate of accidents among youngsters under one year of age.

Recommended were more efforts to reach newcomers with information

### Staph Control Recommendations Accepted by National Conference

Recommendations of the recent National Conference on Hospital-Acquired Staphylococcal Infections support the methods of control already outlined by the California State Department of Public Health. This conference, sponsored by the United States Public Health Service and the National Research Council, was held at the Communicable Disease Center of the Public Health Service in Atlanta, Georgia. Dr. John W. Brown, of the Bureau of Acute Communicable Diseases of the California State Department of Public Health, served as a resource person and represented the department at the conference.

The purpose of the meeting, as outlined by Dr. Leroy E. Burney, Surgeon General of the Public Health Service, was to review present knowledge and to recommend what can be done to control hospital-acquired staphylococcal infections.

The conference delegates agreed that the drug-resistant infection is now a problem in practically all hospitals, not only in the United States, but throughout the world. Serious epidemics, although infrequent, have occurred unexpectedly in many hospitals. Usually starting in surgical wards and in nurseries for newborn infants, the disease is spread through

through publicity, nursing visits, civic and religious organizations, and other channels; more emphasis on accident prevention in the younger age group; plus promotion and sponsorship of Red Cross classes in mother and baby care for expectant parents.

The most fruitful outcome of the Lincoln Heights survey was that it helped to focus attention on the health problems and needs of a somewhat neglected group, the preschoolers, and suggested the way to solve them through joint community-health department action.

The survey enabled for the first time a health-minded nucleus of Lincoln Heights residents and professional people to work together on a local health problem, and this led to the formation of the Lincoln Heights Health Council.

the hospital and out into communities by these patients, many of whom show no symptoms, such as boils and abscesses, until after they leave the hospital. Fear of causing public alarm which might deter persons from getting needed hospital care has caused some hospitals to attempt to hide their problem. However, hospital administrators who attended the conference reported a growing awareness that open recognition of the problem will contribute to its control.

Some of the major recommendations resulting from the conference are:

1. Organization of infections control committees by all hospitals and by local medical societies.
2. Use of an "infection log" in all hospitals in which all infections are classified and pertinent data recorded.
3. A plan in each hospital for excluding from contact with patients all personnel who have boils or other active staphylococcal lesions, or who are known to be carriers of dangerous and epidemic strains.
4. A local plan for establishing criteria on the discriminate use of antibiotics in medical and surgical treatment. Routine use of antibiotics to prevent possible infection in patients was considered highly undesirable.
5. Isolation of infectious patients, particularly those with pulmonary and skin infections, even if this means expanding the hospital's isolation facilities.
6. Special precautions in the nurseries for the newborn, such as elimination of overcrowding, and the maintenance of rigid sanitary standards.
7. Development of intensive and continuous training programs for professional and subprofessional members of hospital staffs.
8. Strengthening of laboratory services.
9. Expansion of research into the problem.

(Previous reference to this public health problem was made in the April and July 15, 1958, issues of *California's Health*.)



## 130,000 CALIFORNIANS WITHOUT BENEFIT OF ORGANIZED PUBLIC HEALTH

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Living in the mountains high above the smog and far from city stress and strain does not necessarily mean better health. Breathing clear mountain air within the very reach of the natural source of California's huge water supply does not necessarily mean a pure, healthful environment.

Diseases such as pneumonia, infectious hepatitis, undulant fever, infectious encephalitis, heart disease, and many other ills are slightly more common among people living in a rural setting. The maintenance of strong barriers to withhold outbreaks of rabies, tetanus, infant diarrhea, Q fever, typhoid, and plague is not only more important in rural areas from the very nature of these diseases, but because the mode of prevention is often more complicated.

Often the individual family unit must solve its own unique problem of sanitation and of a pure water supply. Add to this a limitation of medical facilities, physicians, laboratories, clinics, rehabilitation centers, and counseling services, and one can readily see that country living may have its own peculiar health problems.

In 1953 15 rural counties in California had no organized public health services. This represented less than 2 percent of the total California population, but it involved over 30 percent of the geographic area of the State. This 30 percent of the vast State of California encompasses some of the most scenic resort and recreation areas in the world. Seasonally, the 2 percent resident population is often multiplied a hundredfold by an influx of recreation seekers, summer campers, hunters, snow enthusiasts, stream and lake fishermen, and other lovers of the great outdoors.

Heavy highway construction, dam building, and major developments such as Squaw Valley for the Winter Olympics, make many of these counties a temporary mecca for migrant workers. Again the population is sporadically inflated far beyond the usual resident count. A sleepy little village quietly basking in the sun since the decline of the gold rush days may suddenly awaken into a bustling community.

### Enabling Public Health Legislation Passed

In 1953 legislation was passed which added Section 1157 to the Health and Safety Code. This enabled counties with a population of 40,000 or less to contract with the State Department of Public Health for public health services. Since then seven counties — Alpine, Mariposa, Modoc, Mono, Nevada, Sierra, and Trinity—have contracted with the department for the organization and operation of local health departments. These counties are now receiving the professional guidance and service of two public health medical officers, eight public health nurses, nine area sanitarians, one social worker, and one health educator, plus added assistance and consultation from the entire staff of the State Department of Public Health as required.

A contract county provides office space, clerical help and a part-time health officer who is a local physician appointed to the position by the county's board of supervisors. The State Health Department provides the necessary public health pharmaceuticals, biologicals, and technical supplies. Laboratory services are also provided by the State Health Department. A close partnership between local staff and members of the Contract Services central staff in Berkeley is maintained through field visits, circular letters, and semiannual joint staff meetings, at which time program planning, development, and evaluation is mutually agreed upon.

The required programs of immunization clinics, public health nursing services, sanitation, and public health education are being carried on in all of these counties, and certain other programs have been developed or are under study in some of these contract counties.

### Trinity County Case Conferences

Interagency case conferences have been organized in Trinity County

around social problems. Trinity County is presently the construction site of the largest dirt-filled dam in the world. Trinity is a relatively isolated county and in the past its little towns were not "places on the side of the road for wayside travelers." One can still sense a traditional approach to living permeating this no longer isolated community. Outside forces clashing with the quiet yet indomitable forces of a serene community have created problems.

Transformation of a little hamlet, with less than 100 people and a one-room school, into a thriving city of over 5,000 has brought problems. These are not only problems of housing, sanitation, venereal disease, and communicable disease, but of emotional complications and social disorders as well. The case conference, initiated by the Trinity County Health Department and bringing in the schools, the probation office, the welfare department, the hospital, and other agencies and individuals where indicated, endeavors to meet and solve some of these special problems.

### Sierra County School Health Study

A study of the health of children entering school for the first time was conducted in Sierra County this last summer. This study was to determine the health level of this particular age group in a rural community with very limited medical resources. Through this study, sponsored by the Sierra County Health Department and the School Department, 110 youngsters ages six through seven had the opportunity to have a complete physical examination, including a hemoglobin test, urinalysis, vision and hearing tests. Community support through the P.T.A. was outstanding. Thirty-five volunteers helped the public health nurses in all facets of this program. Thirty-five volunteers may not sound like many, but in a county with a population of less than 2,500 this represents a strong force with far-reaching influence. This group should help to continue better public health and social planning in Sierra County for a long time to come.

### Home Nursing Service in Modoc County

A home nursing service under a special federal grant is being demonstrated in Modoc County. This is the first time a home nursing service has been offered throughout a rural

county in California. This grant was provided for the purpose of determining whether or not a home nursing or visiting nurse service can be practical in a far-flung rural county with an aging population having the usual proportion of chronic illnesses. This project is still very much in the experimental stage. Whether or not it proves to be practical remains to be seen, but in the meantime a group of ill persons in this remote county are receiving a service hitherto unknown in any rural community in this State.

#### Alpine County

California's tiny county, Alpine, with a population of 400, is having routine immunization clinics and a child health conference for the first time in its history. Alpine County has no theater, no newspaper, no church, no bank, no library, no high school, and no resident physician, but Alpine County has fathers, mothers, children, and babies, and it now has health protection for these families.

#### Mariposa's Sludge Treatment Plant

Water has always been man's best friend and, conversely, water can also be man's worst enemy. In California's northern counties pure drinking water and safe sewage disposal are fundamental problems. The local health departments in the seven contract counties, enjoying full-time public health service for the first time, are making rapid progress in providing their citizens with safe water. Mariposa, a little city of 900 people on the slopes of the Sierra Nevada, dedicated a new activated sludge treatment plant this summer. Sewage disposal had long been a problem in Mariposa because of the impervious soil.

#### Weaverville's Sanitary District

Weaverville now has a sanitary district and a new sewage treatment plant has been operating since September. The local health department here, as in Mariposa, played a major role in promoting better sanitation through the addition of these facilities.

These are but a few of the programs going on in the seven counties whose boards of supervisors had the courage and vision to contract with the State Department of Public Health for better health for their con-

stituents, as well as for the health protection of those who come to these beautiful spots for recreation.

#### Eight Counties Without Organized Health Departments

Even though it is evident that the contract counties have as high a quality of public health services as any of the rural counties with organized full-time health departments, 8 of the 15 counties without public health services in 1953 have still not availed themselves of this vital protection. There are still 130,000 rural people in California without benefit of organized public health services.

Presently two counties are seriously considering the advisability of contracting with the State Health Department. It is hoped that in the not too distant future all Californians—city dwellers, rural residents, and recreation seekers alike—will enjoy the full benefits of sound public health protection.

Responsibility for public health rests with the people themselves. Leadership for community planning and better living often comes through voluntary agencies. It is traditional that the voluntary health agencies with citizen participation and support have paved the way for public health services throughout the United States. Voluntary health agencies are already well established in many of these eight counties. The leadership exerted by these organizations, together with their knowledge of each county, and the special skills of the voluntary agencies in fact-finding, community organization, public information, and stimulation of legislation could pave the way for better public health. These few counties still offer a challenge for these voluntary health groups to help bring better health coverage to all of the people in California.

#### 1960—World Mental Health Year

The World Federation for Mental Health has designated 1960 as the first World Mental Health Year.

The 18-month observance, to start January 1, 1960, will culminate in the Fifth International Congress on Mental Health in Paris in August, 1961.—*Mental Hygiene*, Vol. 42, No. 2.

#### Nurse Scholarships Available In UCLA Master's Program

The University of California at Los Angeles School of Nursing announces that a number of scholarships are available to graduate nurses who wish to enroll in the school's program leading to the master of science degree.

Interested nurses are encouraged to make application as early as possible as they may need to make up requirement deficiencies in summer session before admission to graduate status in the fall.

Admission requirements include completion of an undergraduate program in nursing equivalent to that given at UCLA. This includes preparation for beginning public health nurse positions.

Applicants must present evidence of having completed upper division courses in statistics, psychiatric nursing with clinical practice, and in public health nursing with field work. Students who lack this preparation should plan to fulfill the statistics requirement in an accredited college or university as soon as possible, and should enroll for psychiatric nursing and public health nursing courses during the summer session on the Los Angeles campus. Enrollment is limited to students who plan to enter the master's program in the fall. Dates of summer session are June 18 to August 11, 1959.

It is anticipated that a number of scholarships will be available for the summer session as well as for the academic year.

Inquiries should be directed to the Dean of the School of Nursing, University of California, Los Angeles.

#### Medical Laboratory Technologists Meeting Held in Riverside

Nearly 500 members registered for the recent two-day convention of the California Association of Medical Laboratory Technologists held in Riverside. An additional 250 guests attended the banquet at which Dr. Meridian Ball of the UCLA School of Public Health was the guest speaker.

The next annual meeting of the association will be held in Berkeley in October, 1959.

## Recent Additions to Film Library

The following new 16-mm. films may be scheduled for use by California borrowers. Requests should be sent to the Film Library, Bureau of Health Education, California State Department of Public Health, 2151 Berkeley Way, Berkeley 4, California.

### **AEDES AEGYPTI SURVEY TECHNIQUES** Filmstrip. 82 frames. 1957

Documents, techniques and procedures used in an actual *Aedes Aegypti* survey. (*A. Aegypti* breeds near houses and transmits yellow fever and dengue.) Covers orientation and briefing of mosquito survey personnel, selection of areas for sampling, and equipment used; various habitats of the mosquito, larva sampling, and adult collecting. Since no narrative accompanies this filmstrip, it is recommended that it be used only with competent discussion leaders. For adults. Communicable Disease Center. (Sanitation, Insect Control.)

### **ALCOHOL AND YOU—Parts I and II** Filmstrip. 42 frames. 1957

Two color filmstrips explaining the effects of alcohol on the human body, the disease of alcoholism, and its effects on the individual and society. For junior and senior high school students. Young America. (Alcoholism; Mental Health; Physiology.)

### **BETTY SEES A BIRD** 20 minutes. 1958

Step-by-step training film for preparing volunteers for participation in preschool vision screening projects, using a Snellen chart at 20 feet. A valuable refresher film for teachers and nurses who conduct vision screening. Shows techniques used to gain willing co-operation from preschool children. For teachers, volunteers and parent groups, and public health personnel. Aetna Life Insurance Company and the National Society for the Prevention of Blindness. (Vision; School Health; Handicapped Children.)

### **BITTER WELCOME** 36 minutes. 1958

Describes the struggle of the discharged mental hospital patient to overcome the fears and prejudices of his fellow workers and to regain his place in the community. It shows his painful efforts toward readjustment when he is rejected by the men on the job; exposes his feelings of conflict when torn between the belief that his wife loves him and the fear that she only pities him. The film dramatizes his courage and perseverance as he battles to keep his job, his home, and his own confidence. For adult groups concerned with the problems of the returning patient recovered from mental illness; for patient education; and for professional workers in the health and welfare field; employer and personnel management groups. Mental Health Film Service Board. (Mental Health.)

### **CHILD PROSTHETICS PROJECT: A REPORT** 22 minutes. 1958

Reports on the activities of a prosthetics team and demonstrates how the team integrates the disciplines involved in amputee research. Team includes pediatrician, orthopedist, psychologist, engineer, prosthetist, occupational therapist, social worker, and physical therapist. Primary emphasis is on the research work of the Amputee Project

staff at the University of California at Los Angeles, with secondary emphasis on service through the application of research. Professional and auxiliary medical personnel in the field of child rehabilitation, as well as parents and the medical profession. University of California at Los Angeles. (Handicapped Children; Rehabilitation.)

### **CITY OF STRANGERS** 20 minutes. 1957

Designed to arouse discussion concerning the walls of isolation which contemporary living erects around individuals, and the resulting loneliness and lack of understanding between neighbors and within families. Shows vignettes from the daily lives of three people, an elderly widow living alone, a young girl living alone and working in a government office, and a young teen-ager whose parents do not understand his interests or needs. The film poses the question: "Do you know people like these—living as strangers to one another?" A film made by people who wanted to stimulate thinking about individual and community concern for those persons who are not mentally ill, but who, because of the patterns of their lives, may become so unless assistance is given. Solutions are not offered or implied in the film. Should be shown only with a competent discussion leader present. For adult groups, and professional groups in health, mental hygiene, and social welfare. (Mental Health; Adolescence; Old Age.)

### **COLLECTION AND SHIPMENT OF INSECTS, THE** Filmstrip. Sound. Color. 70 frames. 1957

Filmstrip shows correct methods of collecting, preserving, and shipping insects and certain other arthropods. Collecting equipment and techniques are shown; methods of pinning and labeling with pertinent data; and packing for shipment. For high school and adults. Communicable Disease Center. (Sanitation, Insect Control.)

### **COLORADO CARES** Color. 20 minutes. 1958

How Mesa County, Colorado, through the formation of a county migrant council, brought together individuals and organizations interested in and concerned with the migrants in that community. How, through council co-ordination, services were initiated or expanded. It shows that by working together there grew an understanding of each other on the part of the people of the community and the migrants. The film shows only the beginning made in the solution of some of the problems. What has been accomplished is a start in helping the migrant agricultural worker to become better able to carry his share of his personal community responsibilities. For high school and adults, and community groups concerned with migrant labor problems. Colorado State Health Department. (Community Health Services; Volunteers; Environmental Sanitation.)

### **DISASTER AID: PUBLIC HEALTH ASPECTS** 11 minutes. 1955

Explains health problems created by natural disasters and some methods used to solve these problems, using as an example a flood. Covers the role of local, state, and federal health agencies in combating the resultant public health hazards. For high school and adults. Communicable Disease Center. (Environmental Sanitation; Com-

munity Health Services; Civil Defense and Disaster Aid.)

### **DOMESTIC VECTOR CONTROL BY BASIC SANITATION** Filmstrip. Sound. Color. 49 frames. 1958

Filmstrip shows how common vectors of diseases (flies, rats, mosquitoes, and roaches) thrive in insanitary conditions in and around the home, and demonstrates some simple sanitary practices which can help control these vectors. For high school and adults. Communicable Disease Center. (Sanitation, Insect Control; Sanitation, Rodent Control.)

### **EFFECTIVENESS OF AUDIOVISUAL MATERIALS** Filmstrip. 45 frames. 1957

Filmstrip describes the effectiveness of audiovisual materials in teaching. For adults. Basic Skill Films. (Health Education Techniques.)

### **HAVING A BABY** Filmstrip. 1958

Series of slides show how a baby grows and develops before birth and how he is born, emphasizing the naturalness of this event in the life of the family. A 12-page teaching guide contains pertinent facts about each slide and points for discussion. For parents' classes, junior high school, high school, adults. Maternity Center Association. (Child Care and Development; Maternal Care.)

### **HOW TO USE A TEACHING FILM** Filmstrip. 45 frames. 1957

Filmstrip describes the ways to present a film for teaching purposes, based on reports of experiments on film use. For adults. Basic Skill Films. (Health Education Techniques.)

### **INTRODUCTION TO BACKSIPHONAGE AND CROSS CONNECTIONS, AN** Filmstrip. Sound. Color. 75 frames. 1957

A series of graphics illustrates the public health significance of backsiphonage and cross connections as potential sources of water-borne disease epidemics; how to identify the basic causes, and methods of prevention. For adults. Communicable Disease Center. (Sanitation, Water; Sanitation, Sewage Disposal.)

### **LABORATORY DIAGNOSIS OF RINGWORM IN ANIMALS: PART I, MICROSPORIUM INFECTIONS** Filmstrip. Sound. Color. 47 frames. 1957

Shows clinical features of *Microsporum* ringworm in animals. Woods light use in examination and collection of specimens is shown. Laboratory methods involving examination of clinical materials, inoculation of culture media, and identification of the two important *Microsporum* species, *M. canis* and *M. gypsum*, are described in detail. Mode of transmission and appearance of human *Microsporum* infections of animal origin are illustrated. For professional use. Communicable Disease Center. (Laboratories)

### **LABORATORY DIAGNOSIS OF RINGWORM IN ANIMALS: PART II, TRICHOPHYTON INFECTIONS** Filmstrip. Sound. Color. 60 frames. 1957

Shows clinical features of trichophyton ringworm in animals and methods of col-



lecting material for laboratory study. Details of examining clinical materials, inoculating culture media, and identifying *Trichophyton* species involved: *T. mentagrophytes*, *T. equinum*, *T. verrucosum*, and *T. gallinae*. Mode of transmission and appearance of human *Trichophyton* infections of animal origin are illustrated. For professional use. Communicable Disease Center. (Laboratories)

**MECHANICAL QUACKERY** Filmstrip. Sound. 16 minutes. 1957

Designed to assist people to recognize "quack" devices that may threaten their health. The work of the Bureau of Investigation of the American Medical Association is described. For junior high, high school and adults. (Cancer; Quackery)

**NARCOTICS AND YOU—Parts I and II** Filmstrip. 42 frames. 1957

A set of two color filmstrips explaining the nature of narcotics, their effects upon the human body, the nature of addiction, and its effects on the individual and society. For junior and senior high school students. Young America. (Physiology)

**PUBLIC HEALTH PROBLEMS IN MASS EVACUATION** 13 minutes. 1957

Presents the public health problems attending the mass evacuation of an urban population. Emphasizes the magnitude of such problems as mass feeding, water supply, medical care, waste and sewage disposal and consequent disease outbreaks. Film is designed to stimulate discussion, rather than offer solutions to the problems posed. For civil defense personnel, schools, public health personnel, community groups. Communicable Disease Center. (Civil Defense and Disaster Aid; Environmental Sanitation)

**PSYCHIATRIC NURSING: THE NURSE-PATIENT RELATIONSHIP** 34 minutes. 1958

Describes how the nurse becomes more effective in her use of the nurse-patient relationship. Emphasis is placed on self-understanding by the nurse, as well as patient-understanding. Principles included have wide application to the entire field of nursing, as the nurse aids patient recovery through use of the relationship. For student nurse groups, inservice training of nurses and auxiliary patient service personnel, and orientation of volunteers in hospitals and health agencies. Dynamic Films, Inc. (Mental Health)

**TEACHING BY TELEVISION** Filmstrip. 45 frames. 1957

Applies findings of experimental research in TV to three problems: what TV teaching can do, how to use TV in the classroom, and how to teach over TV. For adults. Basic Skill Films. (Health Education Techniques)

**USE OF ANTICOAGULANTS IN RODENT CONTROL** Filmstrip. Sound. 72 frames. 1958

Provides a comprehensive description of how anticoagulants are employed to kill rodents; advantages of these poisons compared with others; various forms and types of anticoagulants available; description and preparation of the various baits; containers and placement of these poisons to provide the most efficient kill; and precautionary

## Public Health Positions

### Alameda County

**Public Health Analyst II:** Salary range, \$436 to \$530. Preparation and analysis of tabulations, and presentation of public health data. Requires college degree plus two years of technical research or statistical experience (one of which must have been in the public health field), or a master's degree in biostatistics. Examination to include a written test (this can be administered in the locale of the candidate) and a personal interview.

## National Meetings in California

### American Group Psychotherapy Association

The fifth annual western regional meeting of the American Group Psychotherapy Association will be held April 2-3, 1959, in San Francisco, at the Sheraton-Palace Hotel. Symposia, workshops, and general sessions will discuss such subjects as group counseling in a state prison, group therapy programs for family agencies, group psychotherapy for criminal offenders, family group therapy, therapeutic techniques in adolescents' groups, the recently developed transactional analysis, and allied subjects. Information about the AGPA can be obtained from Donald A. Shaskan, M.D., Western Representative, at the VA Mental Hygiene Clinic, 49 Fourth Street, San Francisco 3.

### National Conference on Social Welfare

The 86th annual forum of the National Conference on Social Welfare will meet in San Francisco May 24-29, 1959. This conference is open to all persons, working in the social welfare field or not, who are concerned about America's pressing human problems. Applications for housing accommodations are being handled through the NCSW Housing Bureau, Room 300, 61 Grove Street, San Francisco 2.

## Health Officer Changes

Donald Hewitt, M.D., director of the county hospital in Butte County, has been appointed health officer pro tem, replacing Dr. Garold L. Faber who is now Health Officer of the Fresno County Health Department.

measures when using these materials. For public health personnel and professional exterminators. Communicable Disease Center. (Sanitation, Rodent Control)

**Public Health Medical Officer:** Salary range, \$821 to \$950. To work as an administrator of a county health department bureau. Requires California medical license, plus one year of graduate public health education, or one year of medical experience in public health. Examination by interview only.

**Public Health Nurse:** Salary range, \$415 to \$505. Generalized public health nursing program. Many positions include school nursing. Requires California public health nursing certificate or eligibility therefor. Examination by interview only.

**Sanitarian:** Salary range, \$436 to \$505. General sanitation program covering all sanitation services in specific geographical district. Requires California certification, plus college degree in sanitary science or related field. (Eligibility for next state examination acceptable.)

For further information regarding any of these positions write to Alameda County Civil Service Commission, 12th and Jackson Streets, Oakland 7, California, or phone HI gate 4-0844, Extension 255.

### Contra Costa County

**Chief Public Health Analyst:** Salary range, \$543 to \$653; effective January, 1959, \$556 to \$676. Involves the planning, supervising, directing, and co-ordination of the statistical division within the health department. Requires graduation from a recognized college or university, with a degree in public health statistics, biostatistics or economic statistics, and three years of experience in technical public health statistical or biostatistical work. One year of graduate study may be substituted for one year of experience.

**Public Health Analyst:** Salary range, \$453 to \$543; effective January, 1959, \$458 to \$556. Will have responsibility for specific areas within the statistical division. Requires graduation from a recognized college or university, with a degree in public health statistics, biostatistics, or economic statistics, and one year of experience in public health biostatistical work. One year of graduate study may be substituted for one year of experience.

The department is presently engaged in the research of effectiveness of direct mail, family safety, air sanitation, tuberculin testing, and staphylococcus epidemiology. Apply by January 2, 1959, to Contra Costa County Civil Service Commission, Box 710, Martinez, California, or phone Martinez 3000, Extension 415.

**Public Health Nurse:** Salary range, \$415 to \$505. Two vacancies. Job location affords easy commute to Berkeley, San Francisco, etc. Requires R.N. and certificate as a public health nurse in California. Apply to above address, Martinez, California.

### Kings County

**Sanitarian:** Starting salary dependent on experience and qualifications. Requires California registration or qualification for same. Retirement plan, medical plan, sick leave, and annual vacation. Car furnished. For job description and application write Bertha E. Stokes, M.D., Director, Kings County Health Department, 1221 W. Lacey Blvd., Hanford, California.

## Air Analysis Conference-Workshop Considers Latest Methods

A Conference-Workshop on Methods of Chemical Analysis for Air Pollution was held recently at the State Department of Public Health headquarters in Berkeley. The meeting was planned by the Air and Industrial Hygiene Laboratory of the department and the air pollution control districts of the State for the exchange of new information on methods developed and used by various agencies in the State, demonstration of chemical methods which have been successfully used in the laboratory and in the field, and for discussion of recommended methods and techniques in air pollutant measurement.

Methods of calibration of atmospheric analyzers were demonstrated and discussed, calibration methods were critically examined, and problems needing further investigation were assessed. Methods of analysis for specific pollutants such as oxidants, sulfur dioxide, hydrocarbons, fluorides, and radioactivity were considered. The program also included reports of developmental work in the State Department of Public Health and in the various air pollution control districts of the State.

Tentative plans were made for a future conference-workshop to be held in Southern California in May, 1959, for the consideration of new developments in air pollutant measurement.

## California Statistical Abstract First Issue Available Soon

The first issue of the California Statistical Abstract, compiled by the State Interdepartmental Research Co-ordinating Committee, and sponsored by the Senate Fact-Finding Committee on Commerce and Economic Development, is scheduled for release soon.

The abstract is designed to bring together in one publication principal facts about California, and to indicate sources of additional information. It is organized in 24 sections with more than 240 tables. Each section contains an explanation of the terms used, and gives sources of data.

The pattern of the abstract is that of the Statistical Abstract of the United States, and covers nearly the same subjects. Separate sections on population, vital statistics, and public health give both trends and latest available data. A wealth of current and historical information about the people, government, resources, and economy of the State of California is provided.

Only a limited number of copies of this first issue are being printed. Orders for the publication should be sent to the Documents Section, Printing Division, Sacramento.

The price is \$3.50, postage prepaid within the United States. Add 14 cents sales tax for California addresses.

Improvements in health promote family stability, and family life seems

to promote health. Married persons in this country have a substantially better health record than the unmarried. Moreover, the relative advantages of the married are now greater than formerly, especially for women. Today even childbearing—once so dangerous—does not raise the mortality of married women above that of others through the reproductive period or beyond.—*Progress in Health Services, Vol. VII, No. 7.*

GOODWIN J. KNIGHT, Governor  
MALCOLM H. MERRILL, M.D., M.P.H.  
State Director of Public Health

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